

**California Department of Alcohol and Drug Programs
Program Operations Division**

**MEDI-CAL BENEFICIARY INFORMATION SURVEY
NARCOTIC TREATMENT PROGRAM (NTP) PROVIDER QUARTERLY REPORT**

Instructions: Responses should **only** pertain to the provider shown in No. 1 and for the quarter shown in No. 2. Please return the completed survey in the postage-paid, pre-addressed envelope provided, or FAX to Saralee Dinelli at (916) 323-0653, so that it will be received by the due date shown in No. 3. The Provider Waiting List Record (PWLR) and clinic records contain the requested information.

1. Provider Name, Address and ID Number *(Please note address changes directly on survey form.)*

2. Reporting Quarter

October 1 - December 31, 1997

3. Due Date

January 12, 1998

4. On the last day of the reporting quarter (December 31, 1997), of the total NTP licensed capacity, how many slots were designated as available for enrollment of Medi-Cal beneficiaries?
*(Example: Total NTP licensed capacity is 100 slots. Provider designates 50 slots as available for enrollment of Medi-Cal beneficiaries. On the last day of the quarter, Medi-Cal beneficiary enrollment is 36. However, the total number of slots designated as available for enrollment of Medi-Cal beneficiaries is 50. Therefore, the number to be reported No. 4a is 50, the total number of slots available, **not** 14, the number of slots unfilled, and **not** 100, the total licensed capacity. If the provider makes no designation and will enroll Medi-Cal beneficiaries up to 100 percent of their total licensed capacity, the number to be reported in No. 4a is 100.)*

4a. Total Number of Slots
Available to Medi-Cal
Beneficiaries

5. At any time during the quarter, were any Medi-Cal beneficiaries placed on the PWLR for services? *(Refer to your PWLR, Column 3.)*

5a. Circle one.

YES NO*

*If **NO**, go to No. 9, **do not** answer questions Nos. 6, 7 and 8.

Continue responses only if you answered YES in No. 5a.

6. If you responded YES in No. 5a, of the Medi-Cal beneficiaries placed on the PWLR, were any placed on the PWLR because of a lack of Medi-Cal funds?

6a. Circle one.

YES NO

7. If you responded Yes in No. 6a, how many beneficiaries were placed on the PWLR due **only** to a lack of Medi-Cal funds?
(Please provide a brief explanation of the reason why a beneficiary was placed on the PWLR..)

7a. Total Number of Medi-Cal
Beneficiaries Placed
on PWLR

8. Of the number listed in Item 7a, what was the earliest date any beneficiary was placed on the PWLR this quarter due **only** to the lack of Medi-Cal funds? *(Refer to Column 5 on the PWLR.)*

8a. Earliest Date a Medi-Cal
Beneficiary Was
Placed on PWLR

9. Printed Name of Clinic Director or Person Designated to Complete Survey

10. Signature of Clinic Director or Designee	11. Date Completed
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